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Sexual Orientation, Gender Development, and Mental Health in Children and Adolescents

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- ❑ Disclosure: No relevant financial relationships. Content of presentation contains no use of unlabeled and/or investigational uses of products.

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Learning Objectives

1. Summarize the primary mental health challenges and needs of LGBT children and adolescents
2. Explain how gender nonconformity, gender discordance/dysphoria, and sexual orientation are distinct yet related concepts
3. Describe gender dysphoria in children and adolescents and some of its related clinical issues
4. List nine mental health practice principles for fostering the healthy development of LGBT youth

The American Academy of Child & Adolescent Psychiatry (AACAP) LGBT Practice Parameter Topics

- Child & adolescent same-sex attraction
- Gender Nonconformity (GN)
- Gender Discordance/Dysphoria (GD)
- GN & GD related to sexual orientation by developmental lines

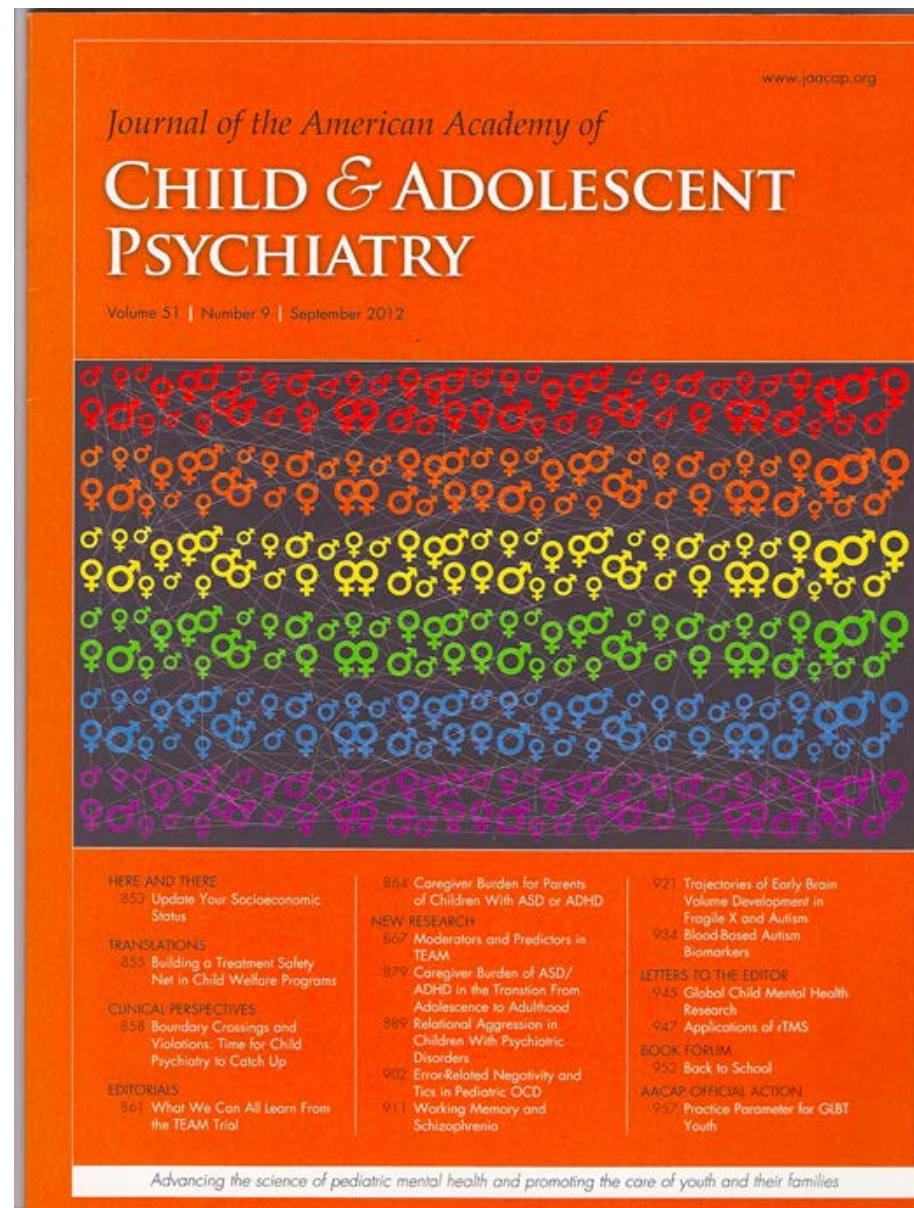
AACAP Practice Parameter Development Process

- ❑ 6 year process
- ❑ 9,705 publications reviewed
- ❑ Review by 5 national child & adol psych expert committees
- ❑ AACAP membership & Council review

Available in Print & on the Internet

❑ Journal of the American Academy of Child & Adolescent Psychiatry, Vol. 51, Issue 9, September 2012, pp. 957-974

❑ Also at:
www.aacap.org



Special LGBT Pediatric Health & Mental Health Needs

- ❑ In some ways, like all youth
- ❑ However, also have unique developmental challenges
- ❑ Developmental risk for mental health
- ❑ Risk mediated partly by stigma

Health, Mental Health, & Stigma

- ❑ Removal of homosexuality from DSM in 1973 – a normal variant of sexuality
- ❑ However, higher rates of certain mental health problems (depression, anxiety, substance abuse, suicide) (Fergusson, Horwood & Beautrais, 1999; Institute of Medicine, 2011)
- ❑ Mental health risk associated with stigma
- ❑ Partly mediates additional health risk

Cultural & Historical Context

- ❑ Cultural influence on concepts of childhood, sexuality, and gender
- ❑ Tolerance for homosexuality and gender nonconformity varies
- ❑ Intolerance affects children and adolescents

Components of Gender

- Sex
- Gender
- Gender Role
- Gender-related Behavior
- Gender Identity
- Overall Identity includes sexual orientation & gender identity

Components of Sexual Orientation

- Erotic fantasies & affectional feelings
- Patterns of physiological arousal
- Sexual activity
- Sexual identity
- Social role

Frequency of Homosexuality

- ❑ Attraction, behavior & identity are different; rates differ
- ❑ Sexual orientation falls on a continuum – the Kinsey Scale
- ❑ More common than once recognized

Incongruence in Components of Homosexuality is Common

- ❑ Same-sex fantasy, behavior and identity are different aspects of sexual orientation
- ❑ These coincide in a minority of U.S. adults & youth
- ❑ Many deny gay feelings or hide identity

Homosexuality Frequency in Junior High & High School

- ❑ Certainty about orientation & identity increase with age (Remafedi, Resnick, Blum & Harris, 1992)
- ❑ Median 2.5% (range 1.3-4.7%) “unsure” of sexual orientation
- ❑ 1.3% (1.0-2.6%) “gay/lesbian”
- ❑ 3.7% (2.9-5.2%) “bisexual” (Kann et al., 2011)
- ❑ Ethnic/racial differences in having/disclosing a gay identity (Rosario, Schrimshaw, and Hunter, 2008)
- ❑ In 2005-7, 38.9% of adolescents with only same- or both-sex partners identified as “straight” in NYC (Pathela & Schillinger, 2010)

Homosexuality: Biological Influences

- ❑ Genetic (polygenic)
- ❑ Neuroanatomical (3rd interstitial nucleus of anterior hypothalamus, INAH-3)
- ❑ Psychoenuroendocrine (fetal androgen levels)

Homosexuality: Psychosocial Influences

- ❑ Same range of personality styles as heterosexuals
- ❑ Family - no clear pattern
- ❑ Same-sex fantasy not modifiable by learning (unlike fetishes, etc.)
- ❑ Sociocultural context influences expression
- ❑ No influence of sexual abuse or same sex parents on same-sex attraction

Key Features of Gay & Lesbian Development

- ❑ Early emergence of feeling “different”
- ❑ Not necessarily erotic; frequently entails gender nonconformity (M>F)
- ❑ Sometimes entails gender discordance
- ❑ Unique developmental challenges
- ❑ Implications for mental health

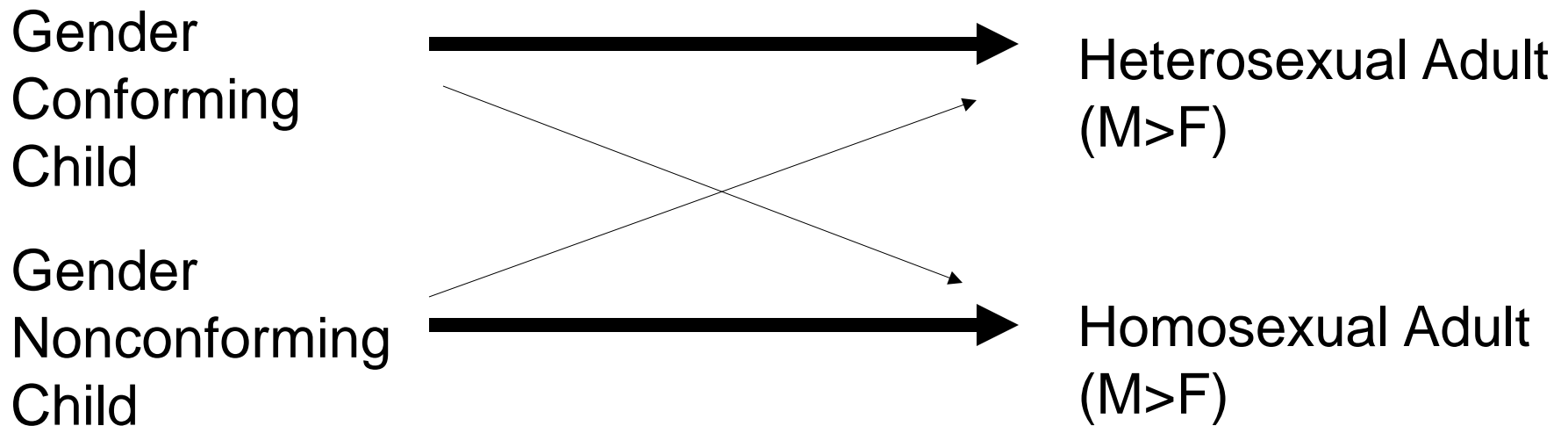
Gender Nonconformity

- Activity level
- Toy preferences
- Rough & tumble play
- Aggression patterns
- Playmate sex preferences

Influences on Gender Nonconformity

- ❑ Sociocultural
- ❑ Biological - genetic, anatomic, psychoneuroendocrine etc.
- ❑ Psychological
- ❑ Why are childhood gender non-conformity and adult homosexuality linked? Biological and psychological hypotheses exist

Gender Nonconformity: Developmental Trajectories



Gender Discordance/Dysphoria

- ❑ Strong & persistent cross gender identification
- ❑ Frequently associated with marked gender nonconformity
- ❑ A DSM diagnosis (unlike gender nonconformity)
- ❑ Gender dysphoria of children usually “fades,” while that of adolescents & adults usually persists

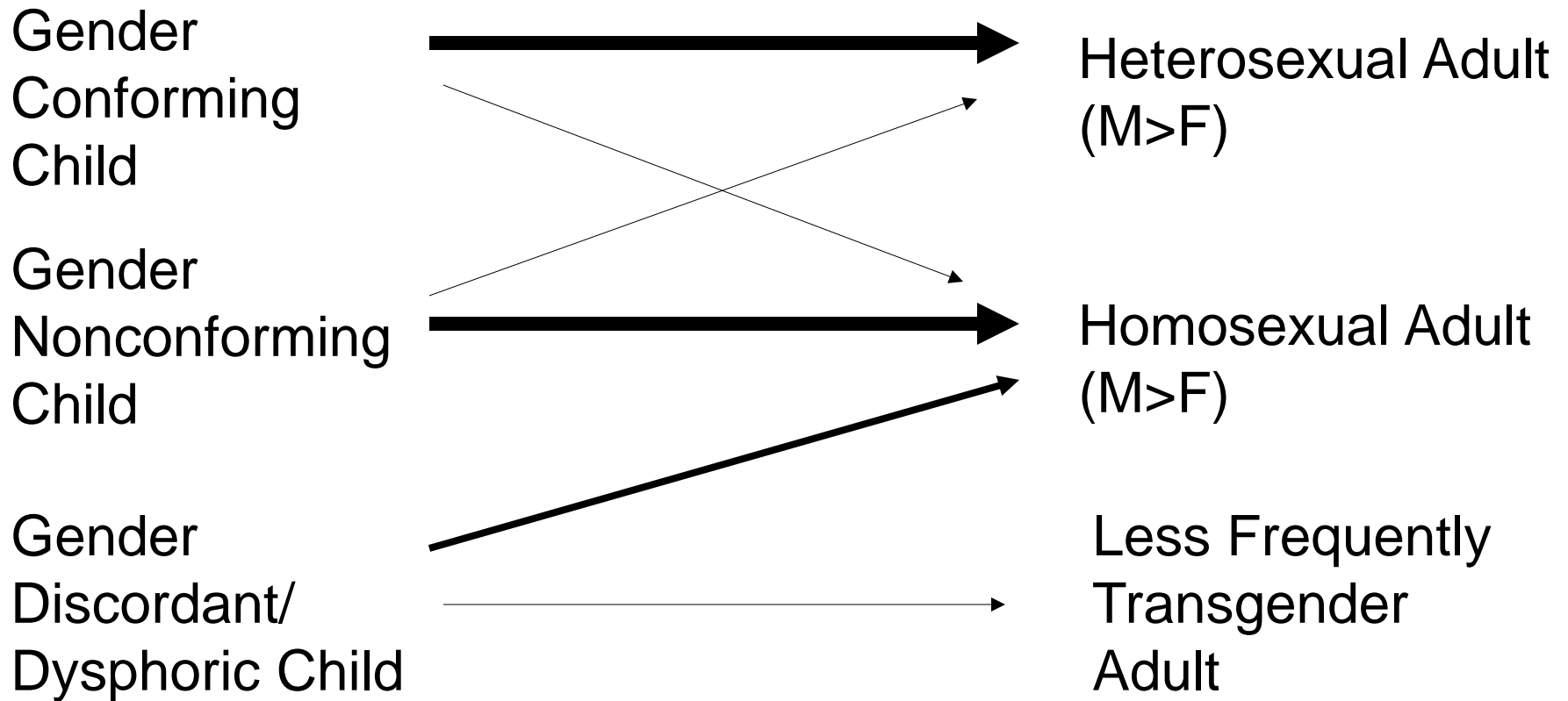
Gender Dysphoria: Diagnostic Issues

- Does dysphoria reflect social intolerance for differing from gender norms?
- How much is distress due to stigma, versus anatomic/identity discrepancy?

Factors Influencing Gender Dysphoria

- ❑ Biological influences significant
- ❑ Evidence from conditions with increased fetal androgen like Congenital Adrenal Hyperplasia (CAH)
- ❑ However, biological influences do not account fully for GID
- ❑ Family/socialization appears to contribute also

Gender Nonconformity & Dysphoria: Developmental Trajectories



LGBT Youth: Clinical Issues

Elevated Incidence of Certain Problems in LGBT Youth*

- Depression
- Anxiety
- Suicidal thought & attempt
- Substance Abuse
- High-risk behavior (truancy, running away, homelessness, pregnancy, HIV/STI's)
- Disordered eating (?)

LGBT Child Development

- Family non-acceptance
- Peer harassment & bullying
- Community bias & hostility
- Unequal social status
- Special stress in ethnic minorities

LGB Adolescent Development

- ❑ Pubertal surge in sexual interest & masturbation (Males > Females)
- ❑ Sexual fantasizing → crystallization of sexual orientation (Males > Females)
- ❑ Development may include same-sex fantasy, same-sex experience, private gay ID, gay social role
- ❑ Milestones variable, affected by cohort

Internalized Negative Attitudes

- ❑ Youth observe abject social status
- ❑ Identify with stigmatized group
- ❑ Experience conflict between wishes for authentic identity and belonging
- ❑ Develop self-loathing based on identification with the aggressor
- ❑ May cause long-term difficulty with self-esteem

“Coming Out” vs “Staying in the Closet”

- Many sexual minority youth struggle with shame
- May deny or hide identity
- A unique developmental struggle
- “Coming out” developmentally significant
- Whether to do so requires complex judgment
- Denial or hiding may be adaptive

Family Reactions

- Considerable variation
- May abhor gender variance
- May need to grieve lost expectations
- Period of distress after coming out normal; usually resolves
- Youth predict parents' reactions poorly

Effect of Stigma on Mental & Physical Health

- ❑ Unique psychosocial influences in LGBT development
- ❑ Mental health risk & resilience
- ❑ Mediating effect of stigma
- ❑ Appropriately tailored interventions

LGBT Youth & Suicidality

- ❑ Consistently increased suicidality in school-based studies
- ❑ Risk greatest for bisexuality, marked gender nonconformity, & after experience but before self-acceptance
- ❑ Mediated by family rejection, bullying, stigma
- ❑ GLB youth have greater ideation and attempts than sibs; attempts 3-5 x more likely
- ❑ Meta-analysis shows OR 2.92 for GLB youth (1.87 for GL, 4.92 for B); disparities in rates greatest for most serious attempts

Substance Abuse

- ❑ Elevated use, earlier onset, faster progression among certain subgroups
- ❑ Behaviorally bisexual males, lesbians, may be at higher risk
- ❑ May use drugs/alcohol to achieve feeling of belonging or relieve painful affects

LGBT Youth & HIV/AIDS

- ❑ High proportion of new HIV infections in youth (Valleroy et al., 2000)
- ❑ YMSM's at greater risk, esp African-American & male to female transgender (CDC, 2008; IOM, 2011)
- ❑ Risk for MTF transgender youth (IOM, 2011)
- ❑ Successful prevention requires not only knowledge but emotionally & developmentally relevant, practical help
- ❑ Prevention programs needed for gay youth (Blake, 2001; Donnenberg & Pao, 2005)

Gender Dysphoria: Clinical Issues in Children*

- ❑ Proposed goals: reduce social ostracism & psychiatric comorbidity
- ❑ Should supporting normal fading of pre-pubertal cross gender wishes be a treatment goal?
- ❑ Behavioral, parent guidance, and psychodynamic treatments proposed; controlled studies lacking
- ❑ Risks/benefits of social transition in prepubertal children with gender dysphoria are unstudied

Gender Dysphoria: Clinical Issues in Adolescents*

- ❑ Sometimes emerges in puberty, leading to crisis
- ❑ May request hormones, surgery
- ❑ Tx goal: help make developmentally appropriate decision, reduce risks of gender reassignment & comorbidity
- ❑ Novel approach: Puberty blockade with GnRHa to buy time in younger adolescents
- ❑ Contra-sex hormonal treatment under endocrinological management (in lieu of illicit hormone use) in older adolescents

AACAP Practice Parameter: Practice Principles for LGBT Youth

Practice Principles

1. A comprehensive diagnostic evaluation should include an age-appropriate assessment of psychosexual development for all youths.

Practice Principles

2. The need for confidentiality in the clinical alliance is a special consideration in the assessment of sexual and gender minority youth.

Practice Principles

3. Family dynamics pertinent to sexual orientation, gender nonconformity, and gender identity should be explored in the context of the cultural values of the youth, family and community

Practice Principles

4. Clinicians should inquire about circumstances commonly encountered by youth with sexual and gender minority status that confer increased psychiatric risk.

Practice Principles

5. Clinicians should aim to foster healthy psychosexual development in sexual and gender minority youth and protect the individual's full capacity for integrated identity formation and adaptive functioning.

Practice Principles

6. Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful.

Practice Principles

7. Clinicians should be aware of current evidence on the natural course of gender discordance and associated psychopathology in children and adolescents in choosing the treatment goals and modality.

Practice Principles

8. Clinicians should be prepared to consult and act as a liaison with schools, community agencies, and other health care providers, advocating for the unique needs of sexual and gender minority youth and their families.

Practice Principles

9. Mental health professionals should be aware of community and professional resources relevant to sexual and gender minority youth

Resources

- ❑ American Academy of Child and Adolescent Psychiatry (AACAP.org)
- ❑ World Professional Association for Transgender Health (WPATH.org)
- ❑ [Stopbullying.gov](http://stopbullying.gov)
- ❑ Gay Lesbian & Straight Education Network GLSEN.org
- ❑ Parents, Families, Friends, and Allies United with LGBT people (PFLAG.org)
- ❑ Family Acceptance Project (<http://familyproject.sfsu.edu/>)
- ❑ Columbia LGBT Health Initiative (gendersexualityhealth.org)

Thank You!

☐ Questions?